

# **Blind Industries and Services of Maryland**

**Governor's Annual Report  
Fiscal Year 2018 (July 1, 2017 – June 30, 2018)**

**Blind Industries and Services of Maryland  
3345 Washington Boulevard  
Baltimore, Maryland 21227  
(410) 737-2600  
[www.bism.org](http://www.bism.org)**

## **Joint Message from BISM Chairman of the Board Walter A. Brown and President Frederick J. Puente**

Blind Industries and Services of Maryland (“BISM”) is honored to present its Annual Report for the Fiscal Year (FY) concluded as of June 30, 2018. This Report includes information on BISM’s manufacturing operations, facilities, employment, and rehabilitation programs. This report is submitted pursuant to Human Services Article 7-703 (h)(6) (MSAR #6071) and is prepared in accordance with Section 2-1246 of the State Government Article. BISM’s FY 2018 Annual Report is presented to The Honorable Governor Lawrence J. Hogan, Jr., the General Assembly, and the Honorable Clarence K. Lam and Carol L. Krimm, Co-Chairs of the Joint Audit Committee.

BISM’s FY 2018 was, unfortunately, a difficult year financially. There are a number of factors involved but BISM’s difficulties were due, in large part, to: (1) the lack of consistent orders for BISM’s products from the federal government; (2) supply line backups in federal procurement; (3) the continuing increases in the minimum wage without concurrent increases in pricing for products; (4) failures of State agencies and related entities to comply with the purchasing requirements of Maryland State law; and (5) the costs involved with the implementation of Maryland’s Earned Sick and Safe Leave Law, again, without concurrent increases in pricing for products.

In 2017, the State Legislature passed Maryland HB 1446 which required all products sold by BISM to State agencies and related entities to be “made, manufactured, remanufactured or assembled” by BISM. To respond to this legislative mandate and maintain jobs reliant on our State of Maryland business, in December 2017, BISM purchased a tissue and paper manufacturing facility located in Hagerstown, Maryland. It would be an understatement to say that this facility has been a challenge. Due to a shortfall of orders, manufacturing challenges, and issues with the building, machinery and personnel, the Hagerstown facility has not reached profitability. As discussed herein, BISM’s business with State of Maryland agencies and related entities has been a challenge because of non-compliance with laws that require State agencies and related entities to purchase the products made and manufactured by BISM. This has been a problem for many years, but it appears to have worsened.

BISM’s Rehabilitation and Independence Training Department continues to deliver high quality programs and services for blind and low vision people, despite BISM having to do more with less. Funding of the Grant from the State of Maryland has remained flat for the last six years, yet the requirements for hours and contacts with students have increased. More blind Marylanders are being served free of charge by BISM, and international students have increasingly travelled long distances to learn blindness skills at BISM.

BISM was excited to add an Adjunct Board of Trustees, made up of leaders from the local community, to help with the development and education of potential Board members and the expansion of BISM’s leadership team.

On behalf of BISM's Board of Trustees, management team and Associates, we extend our genuine appreciation to Governor Hogan and the Maryland General Assembly for your continued support.

Sincerely,

Handwritten signatures of Walter A. Brown and Frederick J. Puente. The signature of Walter A. Brown is on the left, and the signature of Frederick J. Puente is on the right.

Walter A. Brown  
Chairman, Board of Trustees

Frederick J. Puente  
President

# **BISM Board of Trustees and Management**

## **Board of Trustees**

Dr. Walter A. Brown – Chairman  
Dr. William E. Hadlock – Vice Chairman  
Melba Taylor – Secretary  
James R. Berens – Treasurer  
George H. Littrell, Jr. - Vice Treasurer  
Donald J. Morris – Chairman Emeritus  
Norman Conway  
Martha E. Seabrooks

## **Management**

Frederick J. Puente – President  
Michael Garnto – Chief Operating Officer  
Ken Barnett – Vice President of Sales and Marketing  
Holly B. Stanley – Chief Accounting Officer  
Thomas D. Kohn, Esq. – Senior Director and Counsel  
Dr. Michael L. Gosse – Senior Director of Accessibility  
Gregg Kalifut – Director of Sales and Marketing  
Tony Warner – Director of Human Resources  
Andy McIver – Director of Rehabilitation and Independence Training  
Christina Davis – Director of Communications  
Elizabeth King – Director of Administration

## **Introduction: Blind Industries and Services of Maryland**

Blind Industries and Services of Maryland (BISM) was established in 1908 by the Maryland General Assembly and has evolved into a multifaceted company that offers diverse employment opportunities and comprehensive rehabilitation programs and services for blind and low vision Marylanders of all ages.

BISM currently employs over 600 employee Associates, many of whom are blind or low vision, at 16 locations in five states. BISM's manufacturing facilities are located in Baltimore, Cumberland, Federalsburg, Hagerstown, Salisbury (2), and Raleigh, North Carolina. BISM also owns and operates eight AbilityOne Base Supply Centers on federal and military installations.

BISM manufactures a number of products at competitive prices for sale to its State of Maryland customers including: office paper pads; copy paper; paper towels; toilet tissue; janitorial/sanitation supplies, such as soaps and disinfecting chemicals; assembly services (better known as "kitting"); and custom label bottled water. BISM also produces cut and sewn textile products for the federal government, including uniforms for many branches of the United States armed services.

BISM offers competitive wages, health and retirement benefits, and growth potential for our blind and sighted Associates. Our entire organization is built on the belief that every one of our Associates plays an integral part in our overall success. BISM has an uncompromising belief in the capabilities of people who are blind - every day we see that belief borne out in the accomplishments of our Associates.

With the funds generated by our manufacturing operations and with partial financial assistance afforded to BISM through a State Grant, BISM offers the highest level of rehabilitation and independence training programs and services free of charge to blind and low vision Maryland residents. BISM's Rehabilitation and Independence Training department offers programs and services that provide comprehensive blindness skills for adults, seniors, and youth. Our dedicated staff, most of whom are blind, teach braille, computer technology, independent living, travel, job readiness, and woodshop in a classroom setting and offer adjustment to blindness seminars, confidence-building group activities, home teaching, and workshops. Successful students leave BISM with the skills to enter the workforce and pursue a career, attend college, manage an active family, and contribute to the community at large. BISM works closely with Maryland state agencies and elected representatives to ensure that our Rehabilitation department continues to efficiently provide crucial services to the blind and low vision community.

# Detailed Status of BISM – Fiscal Year 2018

## (July 1, 2017 – June 30, 2018)

### Rehabilitation and Independence Training

*The mission of BISM's Rehabilitation and Independence Training department is to provide blind and low vision people of all ages with life skills training that will lead to self-reliance and independence. BISM's training facilities are among the best in the nation and the programs are successful because our dedicated team of blind instructors serve as teachers, mentors, role models, and friends to the students.*

FY 2018 was a good year for BISM's Rehabilitation and Independence Training department, as we continued to reach more blind Marylanders through our innovative youth, adult and senior programs. As the only agency in the State of Maryland using the structured discovery method of rehabilitation teaching philosophy, BISM provides students with the knowledge and skills that they need to live independent lives.

Of the 28 Marylanders who staff BISM's Rehabilitation department, 20 are blind (including five managers). BISM Rehabilitation staff provided 69,252 training hours to 803 blind individuals in FY 18. Instruction and training hours were provided to adults (41,827 hours), seniors (16,817 hours), youth (10,544 hours), and in-home (536 hours). Training occurred across the State of Maryland at our center-based locations in Baltimore, Cumberland, Salisbury, Hagerstown, University of Maryland Baltimore County (UMBC), as well as at students' homes. Programs also include support groups, community workshops, and a residential senior retreat.

There were 174 referrals in FY 18 to our adult and senior blindness skills training programs and 29 people completed BISM training programs. The youth division served 290 blind middle and high school students through weekend and overnight training programs and workshops.

BISM's rehabilitation training programs and services are offered at no cost to adults and seniors who are Maryland residents. A percentage of the adult CORE and senior services programs are funded by a State Grant authorized by the Governor and overseen by Department of Rehabilitative Services (DORS). BISM funds the majority of the Rehabilitation and Independence Training department programs and services through the manufacturing and sales efforts of our Associates.

#### **A. Comprehensive Orientation, Rehabilitation, and Empowerment (CORE) Adult Program**

In FY 18, 12 students successfully graduated or completed the CORE program to go along with three students who completed our Work Adjustment Training (WAT) program and are now employed.

The CORE program teaches blind and low vision adults the skills of blindness so they can become employed, pursue post-secondary education and regain control of their lives. Confidence building is an essential element of the program and is reinforced with each accomplishment. CORE students are taught by blind instructors and learn non-visual methods, both inside and outside of a classroom setting. The curriculum includes braille, long white cane travel, independent living, assistive computer technology, job readiness, woodshop, physical fitness, adjustment to blindness seminars, and off-site training. The CORE program generally requires eight to eleven months to complete.

CORE is a residential program and we consider residential living an essential component, designed to integrate skills developed throughout training. Students live in an apartment building at 300 West Lombard Street in downtown Baltimore City. They have easy access to every mode of public transportation offered by Baltimore and are two blocks from Camden Yards/Inner Harbor. This enhances the student's ability to master public transportation, build their confidence, and further develop their travel skills during practical applications. With two certified Orientation and Mobility instructors, the BISM CORE program is now a premier destination for those seeking cane travel instruction. Another benefit to apartment living is that the students are responsible for shopping, meal preparation, cleaning, and money management. All are essential skills of independence and career/personal development.

Students also organize and participate in community outreach, BISM fundraisers, and group activities. This past year, CORE students participated in trips to New York City and Philadelphia to practice different public transportation systems. They also visited Ocean City, Maryland and had numerous excursions to restaurants in downtown Baltimore to apply skills acquired at BISM in real world settings. In addition to training in Baltimore, students spent two nights in a city they had previously not been to before to put the final polish on their travel skills. This past year, students visited Las Vegas, Atlanta, Oklahoma City, Boston, Miami, Minneapolis, Philadelphia, and Richmond.

## **B. Senior Services**

BISM Senior Services staff is devoted to helping Maryland seniors who are coping with vision loss. We provide training, services and resources at BISM training centers in Baltimore, Cumberland, Salisbury, and a community site in Hagerstown. Programs for low vision and blind senior citizens are presented at no charge, which is a critically important factor for those seniors living on low or fixed incomes. The goal of all BISM Senior Services programs is to empower blind and low vision senior citizens with the skills and confidence necessary to live independently. Senior program participants become better equipped to manage their daily needs, remain in their own homes, return to work or volunteering, resume social activities, and enjoy life.

BISM Senior Programs include:

1. Seniors Achieving Independent Living (SAIL) - weekly training classes: SAIL curriculum includes classes in braille, cane travel, independent home living (with heavy emphasis on safe, nutritious cooking), computer and assistive technology, adjustment to vision loss, gardening and leisure activities, plus peer support, confidence-building outings and community integration. Students work towards personal goals for independence with training tailored to each person's real-life situation.

2. Senior Support Groups - monthly at four locations: Our support groups were very active in FY 18. They organized social events by working together on cooking and entertaining skills and traveled to local shopping venues, historical sites, and performing arts programs. Seniors made crafts and shared talents. At each location, thought-provoking discussions occurred with the goal of helping seniors adjust to vision loss and develop a positive outlook.

3. Home Instruction - statewide: Life skills instruction for blind seniors in the comfort of their own home. Staff members share resources, mark appliances, provide materials, and help families.

4. Community Workshops - statewide: One-day workshops, on topics such as Independent Living, Adapted Technology, and Life Enhancement, are presented by senior staff throughout Maryland. These hands-on workshops encourage attendees to travel from station to station and use non-visual techniques (most for the first time) for cooking, labeling, and technology (phones, recorders, digital players, and talking devices). Seniors also learn about available resources and work in small groups.

In FY 18, 16,817 hours of training were provided to seniors throughout the State of Maryland, and 301 blind and low vision senior citizens received blindness skills training at our four center-based training locations. We provided 54 facility tours for senior citizens interested in attending BISM training plus many additional tours for families, supporters, counselors, professionals, and large groups.

Outreach, events, and presentations by senior staff reached over 1,500 seniors in FY 18. Thousands more received information about BISM Senior Services through targeted media efforts, advertising, publications, company newsletters, special events, and the BISM website.

Fifty-five presentations took place at senior centers, assistive living and retirement communities, civic organizations, schools, helping agencies, and community low vision support groups. These presentations engaged blind seniors in conversations about alternative techniques and practical solutions for improved

daily living, and BISM staff listened to the concerns and fears of the seniors and offered positive feedback.

### **C. Youth Services**

This past summer, BISM offered the 2018 Work To Independence program to 14 high school students, who spent seven weeks developing confidence and increasing independence. The residential program took place on the UMBC campus and featured staff comprised of qualified blind adults, who provided students with mentoring and individualized non-visual life skills instruction in braille, technology, independent living, and travel.

Students participated in several confidence-building activities, including out-of-town trips to Washington D.C., Ocean City, Maryland, and New York City. Students and staff also travelled to Orlando for the National Federation of the Blind annual convention, where they spent one week meeting successful blind adults and learning about new issues in the blind community. Students and staff also took trips to downtown Baltimore, Terrapin Adventures, a yoga studio, an indoor trampoline park, the mall, and movies.

For two weeks during the program, Work To Independence students were employed at a local business or organization for 16-24 hours a week. Participating businesses included Business Enterprise Program cafeterias, Art With a Heart, Maryland Workforce Technology Center, and the AbilityOne Base Supply Center. Students were responsible for traveling to and from work and fulfilling the job duties required of them.

BISM Youth Services also offered Independence 101 in FY 18, which included four blind middle school students spending two weeks developing confidence and increasing independence. This summer program took place at UMBC in conjunction with Work To Independence and featured similar classes and activities. Several activities were organized to enable 101 students to trust and believe in themselves and their abilities.

BISM also offered a full year of workshops under the Gaining Leadership, Independence, Direction and Experience (GLIDE) program, geared to assist blind and low vision high school students with life and job skills. The monthly program had nine participants and took place at BISM Baltimore from September 2017 to May 2018. The GLIDE program featured workshops on independent living skills, work readiness, advocacy, career exploration, communication, and more.

## **State Sales, Manufacturing and Production**

*BISM's Sales and Marketing team dedicates itself to offering high quality products at the lowest, most competitive price possible and providing top-notch customer service to State*

*of Maryland agencies, State supported or controlled entities, and commercial contractors.*

*When State customers purchase from BISM, they are helping to provide employment opportunities for blind and low vision Marylanders. BISM's product offerings include paper pads, 50% recycled content copy paper, hand soaps, sanitizers, a full line of janitorial chemicals, floor care products, medical exam gloves, can liners, toilet paper, paper towels, warewashing chemicals, bleach, personal care products, locksets and door hardware, batteries, and much more.*

FY 18 was not a good year for BISM's State sales. BISM felt the full effect of statewide budget cuts to agencies that purchase products made and manufactured by BISM.

The Maryland State Legislature also passed legislation in 2017, effective as of May 2018, that required BISM to make, manufacture, remanufacture, or assemble all products that BISM sells to its State of Maryland customers. To comply with this law and retain jobs reliant on State business, BISM was required to make significant capital expenditures including, but not limited to, the purchase of a tissue, paper towel and toilet paper manufacturing facility located in Hagerstown, Maryland. BISM has worked diligently to either meet or exceed all State of Maryland requirements to comply with this new law, including hiring additional Associates, operating and improving the Hagerstown location, and making improvements to our other Maryland facilities and locations.

In addition to the State procurement law changes and general budget cuts, BISM continues to be aware that there is increased resistance from State agencies and related entities to purchase products from BISM - despite there being state laws requiring them to do so. It cannot be acceptable, or tolerated, for State agencies to ignore the procurement laws. Our sales team conducts significant outreach to notify State agencies about these issues but with little affect. State agencies and related entities repeatedly ignore the compliance rules. The State of Maryland must enforce its own compliance rules for the overall health of BISM. Despite our requests and communications with State officials, there is currently no formal enforcement representative or inspector general tasked with ensuring that State agencies and related entities comply with applicable State procurement laws.

The outlook for fiscal year 2019 is consistent with FY 18 and the challenges from FY 18 continue in FY 19, with compliance remaining the biggest hurdle.

## **BISM Beverage**

*BISM Beverage provides clear purified water to our State and Commercial customers in both five gallon and single serve BISM Now brand sizes.*

In FY 18, BISM Beverage continued to succeed as a full-service, self-sustaining custom label water bottling facility. Our manufacturing plants in Baltimore and Federalsburg,

Maryland handle all elements of the custom design, printing, labeling, bottling, and shipping of purified water.

BISM's custom label business is located in Federalsburg and is primarily commercial customer driven. Presently we market 8 oz., 10 oz., 16.9 oz., and 20 oz. products to our customers throughout the Mid-Atlantic area. Our largest single customer continues to be Maryland Live! Casino and we are actively seeking to broaden our customer base and grow our sales through direct delivery or drop ship delivery from Virginia to New York.

In FY 19, BISM Beverage is focusing on building and expanding the relationship with State agencies, food service partners, the gaming industry, and the private sector for continued growth in custom label. We would also like to add single-serve business to the State of Maryland. Due to space limitations, we are considering phasing out the five-gallon business in the next six to eight months.

## **Federal Manufacturing and Production**

*BISM's blind and low vision manufacturing Associates consistently exhibit the dedication and craftsmanship that helps us meet the needs of an ever-changing marketplace, without sacrificing the quality of our cut and sewn products. We cut and sew uniforms for all branches of the U.S. military.*

FY 18 was a lower than expected sales year for BISM's fabric cutting and sewing divisions, due to the decrease in the cutting demands from a major federal customer and delayed procurement actions. These decreased demands were partially offset by supplementing cutting with commercial companies. Improvements in supplier deliveries of fabric continued during FY 18, which allowed BISM to manufacture in accordance to the customer delivery schedules. The volume of orders across the board reached 70 percent of capacity for sewing during the year but the cutting operations reached only about 35 percent, which had a negative impact on the bottom line for FY 18.

BISM continued to benefit from an additional textile sewing operation at Federal Correction Institution (FCI) in Butner, North Carolina. BISM opened its operations at FCI Butner in 2015 under a program with Federal Prison Industries. FCI Butner positively affected performance and allowed BISM more flexibility to compete in the commercial marketplace for fabric cutting services.

Demand for the Army Physical Fitness Uniform Jacket (APFU), Improved Physical Training Uniform Jacket (IPTU) and Extended Cold Weather Clothing System Jacket (ECWCS) for the federal government remained consistent in FY 18. The sewing operations at Salisbury and Cumberland were on track and met all performance expectations for FY 18.

Our Raleigh cutting and sewing division's performance was weaker in FY 18 due to a decrease in demand for several items. The Raleigh location cuts and sews a variety of textile products including the APFU Jacket and the J-List Bag for the U.S. Army, the

Ripstop Airmen Battle Uniform (RABU) for the Air Force, along with backpack straps and pillows.

## **AbilityOne Base Supply Centers**

*BISM owns and operates eight AbilityOne Base Supply Centers (BSC) on federal military installations in Maryland, Delaware, District of Columbia, Virginia, and Kentucky. The AbilityOne BSC is a true one-stop shopping solution for our base customers by offering office supplies and furniture, cleaning products, tools, and military uniforms.*

*In an effort to satisfy customer demands, our e-commerce website, ShopBISM.com, offers over 80,000 office and janitorial supplies, next day delivery on most items, and free shipping on orders over \$50. The Dover Air Force Base AbilityOne BSC also operates the HazMart Pharmacy, where all items deemed as hazardous are managed by BISM Associates.*

FY 18 was a rewarding year for the BSC division. More than one-third of our BSC retail Associates are blind or low vision and these Associates play a pivotal role in all aspects of the operations. The BSCs are innovators in providing assistive technology tools for our blind and low vision Associates, including a computer magnification program known as ZoomText, CCTVs, wireless handheld talking scanners, and talking cash registers.

During the month of May 2018, all of BISM's BSC locations held Military Appreciation Day events. During these events, our BSC Associates recognized outstanding AbilityOne customers for their continued purchasing support at our BSCs, which create more employment opportunities for blind people. Additionally, we held National Disability Employment Awareness Month (NDEAM) events in October. NDEAM events highlighted the capabilities of people who are blind and educated our customers about disability employment.

In FY 19, BISM hopes to open two new BSC locations: Naval Research Laboratory in Washington, D.C. and Fort Meade in Maryland.

## **Human Resources**

BISM's Human Resources Department is committed to the continued employment and growth of blind and low vision Associates in our administrative offices, manufacturing facilities, and BSC locations. In calendar year 2018, BISM added 38 blind and low vision Associates to our workforce, in positions ranging from Senior Director of Accessibility to Instructor to Production Associate. Blind and low vision people are employed at all 16 BISM locations.

BISM remains dedicated to the upward mobility, mentoring, and recruitment of blind individuals into leadership roles. We are actively looking within our organization, as well

as nationwide, to identify blind people who hold the potential skill sets to lead BISM into the future.

BISM's employment growth was significant in FY 18. BISM retained 23 new employees from its acquisition of the Hagerstown paper tissue and we have added 62 additional positions.

We continue to motivate and assist all BISM Associates by improving their employment experience. This has, unfortunately, been a challenge as BISM is experiencing financial difficulties. Lack of profitability precludes BISM from increasing Associate wages and other employee benefits, such as matching contributions into our Associate 403(b) plan, as we had hoped. Nonetheless, our Associates have understood these issues and have stuck by us - and we, by them. Our experienced workforce is one of the differentiators that is a cornerstone of our past success and will continue to be an asset going forward.

Our focus in the coming year is in self-directed work teams and empowering our Associates to be productive and to increase their contributions, thereby increasing their job satisfaction. Change is never easy, but we believe that the improvements we have started to make will create an improved working environment and higher earning potential for our Associates.

## **Summary**

Blind Industries and Services of Maryland continues to be the Number One employer of blind and low vision adults in the State of Maryland, and our internationally recognized Rehabilitation programs and services develop the life skills that help blind people of all ages be more independent and successful in all elements of their lives.

We appreciate the support from the Governor's Office, the Maryland Legislature, and State agencies, and we look forward to creating more opportunities for blind Marylanders in the future.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**  
Open to Public Inspection

**A** For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLIND INDUSTRIES &amp; SERVICES OF MARYLAND</b>		<b>D</b> Employer identification number  52-0591664
	Doing business as		<b>E</b> Telephone number  (410) 737-2600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3345 WASHINGTON BLVD. City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21227		<b>G</b> Gross receipts \$ 118,295,322.
<b>F</b> Name and address of principal officer: <b>FREDERICK PUENTE</b> SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.BISM.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1908
			<b>M</b> State of legal domicile: MD

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	594
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	12
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	895,495.	797,446.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,250.	622,461.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	344,956.	1,766,090.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,588,832.	7,763,749.
		11,496,533.	10,949,746.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,279,443.	5,386,112.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 614,723.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,835,651.	6,483,643.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,115,094.	11,869,755.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-618,561.	-920,009.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	52,558,579.	58,995,627.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	32,116,637.	40,366,566.
	20,441,942.	18,629,061.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	HOLLY BETH STANLEY, CHIEF ACCOUNTING OFFICER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JULIA FLANNERY, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00928918
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 410-246-9300		
	Firm's address ▶ 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE STABLE CAREER OPPORTUNITIES, INNOVATIVE REHABILITATION PROGRAMS, QUALITY PRODUCTS AND SERVICES, AND TO DEVELOP RESOURCES FOR TRAINING AND EDUCATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,591,577. including grants of \$ ) (Revenue \$ 7,817,151. ) INDUSTRIES DIVISION, OFFICE STORES, CUTTING & SEWING DIVISIONS, AND VENDING PROVIDING EMPLOYMENT AND VOCATIONAL TRAINING TO APPROXIMATELY 275 ADULT BLIND AND SEVERELY MULTIPLE DISABLED BLIND.

4b (Code: ) (Expenses \$ 1,649,713. including grants of \$ ) (Revenue \$ 622,461. ) PROGRAM FOR REHABILITATION, SOCIAL SERVICES AND VOCATIONAL TRAINING FOR THE ADULT BLIND AND SEVERELY MULTIPLE DISABLED. PROVIDED TRAINING TO APPROXIMATELY 2,056 BLIND INDIVIDUALS THROUGH VARIOUS PROGRAMS AND PROVIDED AIDS & APPLIANCES TO APPROXIMATELY 457 BLIND INDIVIDUALS.

BISM CONTINUES TO MOVE TOWARDS OUR GOAL OF PROVIDING SERVICES TO PEOPLE OF ALL AGES WHO ARE BLIND OR VISUALLY IMPAIRED BY OFFERING THE FOLLOWING PROGRAMS:

YOUTH SERVICES

BISM OFFERS TWO RESIDENTIAL PROGRAMS FOR BLIND YOUTHS. THE "WORK FOR INDEPENDENCE" PROGRAM FOR HIGH SCHOOL STUDENTS AND "INDEPENDENCE 101"

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,241,290.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
HOLLY BETH STANLEY, CPA - 410-737-2600
3345 WASHINGTON BLVD., BALTIMORE, MD 21227

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL GOSSE CHAIRMAN	2.00	X		X			0.	0.	0.	
(2) WILLIAM E. HADLOCK SECRETARY	2.00	X		X			1,050.	0.	0.	
(3) GEORGE H. LITTRELL TRUSTEE	2.00	X					1,000.	0.	0.	
(4) WALTER A. BROWN VICE CHAIRMAN	2.00	X		X			1,050.	0.	0.	
(5) NORM CONWAY ASST TREASURER	2.00	X		X			850.	0.	0.	
(6) JAMES R. BERENS TREASURER	2.00	X		X			0.	0.	0.	
(7) DONALD J. MORRIS TRUSTEE	2.00	X					1,100.	0.	0.	
(8) MARTHA E. SEABROOKS TRUSTEE	2.00	X					1,000.	0.	0.	
(9) PETER L. GEHLBACH TRUSTEE	2.00	X					500.	0.	0.	
(10) MELBA TAYLOR TRUSTEE	2.00	X					100.	0.	0.	
(11) SARAH GOLDSTEIN TRUSTEE	2.00	X					300.	0.	0.	
(12) FREDERICK PUENTE CEO	40.00			X			516,730.	0.	20,304.	
(13) HOLLY BETH STANLEY CHIEF ACCOUNTING OFFICER	40.00			X			136,436.	0.	15,783.	
(14) MICHAEL GARNTO COO	40.00			X			173,884.	0.	1,963.	
(15) KENNETH BARNETT VP SALES & MARKETING	40.00				X		273,597.	0.	2,094.	
(16) GREGG KALIFUT DIRECTOR OF SALES/MARKETING	40.00				X		195,950.	0.	2,048.	
(17) GUIDO DEROSI SR. DIRECTOR	40.00				X		164,651.	0.	21,160.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TOM KOHN SENIOR DIRECTOR AND COUNSEL	40.00				X			176,112.	0.	485.
(19) TOM OWENS SALES	40.00					X		107,041.	0.	12,394.
(20) CHARLES COLLIER, JR. SALES	40.00					X		176,461.	0.	15,069.
(21) MONICA BEST JAMES DIR OF GOVT AFFAIRS AND COUNSEL	40.00					X		119,597.	0.	8,498.
(22) RICHARD THOMPSON SALES	40.00					X		117,860.	0.	7,199.
(23) ANTHONY WARNER DIRECTOR OF HR	40.00					X		113,140.	0.	2,908.
<b>1b Sub-total</b> .....								2,278,409.	0.	109,905.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,278,409.	0.	109,905.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PAY TRACE, 12709 MIRABEAU PKWY, BUILDING A, SUITE 100, SPOKANE VALLEY, INSECT SHIELD MANUFACTURING, INC. 814 W MARKET ST, GREENSBORO, NC 27401	CREDIT CARD PROCESSING FEES	555,873.
OLD DOMINION FRIEGHT LINE, INC. PO BOX 415202, BOSTON, MA 02241	FABRIC TREATMENT	533,806.
KOLB ELECTRIC INCORPORATED, 8530 CINDER BED RD, STE 1400, LORTON, VA 22079	FREIGHT	207,383.
E&J CONCRETE 134 TRUITT ST, SALISBURY, MD 21804	EQUIPMENT REPAIR	189,116.
	PARKING LOT & RETAINING WALL	162,708.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	92,580.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	595,105.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	109,761.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		797,446.				
Program Service Revenue	<b>2 a</b>	REHABILITATION FEES	Business Code	624310	534,652.	534,652.		
	<b>b</b>	AWARDS		900099	83,368.	83,368.		
	<b>c</b>	AIDS & APPLIANCE REVEN		900099	4,441.	4,441.		
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			622,461.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			313,341.		313,341.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	(ii) Personal				
		Less: rental expenses .....						
		Rental income or (loss) .....						
		Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses .....						
		Gain or (loss) .....						
		Net gain or (loss) .....				1,452,749.		1,452,749.
	<b>8 a</b>	Gross income from fundraising events (not including \$ 92,580. of contributions reported on line 1c). See Part IV, line 18 .....	a		28,905.			
		Less: direct expenses .....	b		83,819.			
		Net income or (loss) from fundraising events .....				-54,914.		-54,914.
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	a		2,009.			
Less: direct expenses .....		b		497.				
Net income or (loss) from gaming activities .....					1,512.		1,512.	
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	a		83,342,796.				
	Less: cost of goods sold .....	b		75,525,645.				
	Net income or (loss) from sales of inventory .....				7,817,151.	7,817,151.		
Miscellaneous Revenue		Business Code						
<b>11 a</b>								
	All other revenue .....							
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....							
<b>12</b>	<b>Total revenue.</b> See instructions. ....			10,949,746.	8,439,612.	0.	1,712,688.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,664,870.	685,760.	979,110.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,880,034.	1,070,135.	1,550,943.	258,956.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	469,270.	243,618.	203,012.	22,640.
<b>10</b> Payroll taxes .....	371,938.	177,083.	169,116.	25,739.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	50,002.		50,002.	
<b>c</b> Accounting .....	55,813.		55,813.	
<b>d</b> Lobbying .....	50,542.		50,542.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	83,911.		83,911.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	343,413.	68,464.	9,808.	265,141.
<b>13</b> Office expenses .....	164,393.	46,997.	112,962.	4,434.
<b>14</b> Information technology .....	121,245.	99,229.	12,759.	9,257.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	331,700.	257,565.	69,835.	4,300.
<b>17</b> Travel .....	100,453.	24,787.	74,299.	1,367.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	874,906.	874,906.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,746,342.	1,229,959.	516,383.	
<b>23</b> Insurance .....	189,902.	106,838.	60,175.	22,889.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REHABILITATION COSTS	1,638,204.	1,638,204.		
<b>b</b> CREDIT CARD FEES	579,205.	579,205.		
<b>c</b> LETTER OF CREDIT FEES	81,253.	81,253.		
<b>d</b> VEHICLE REPAIRS & FUEL	72,359.	57,287.	15,072.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	11,869,755.	7,241,290.	4,013,742.	614,723.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	85,795.	<b>1</b>	75,859.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	9,159,027.	<b>4</b>	6,275,785.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	9,046,735.	<b>8</b>	12,891,514.
	<b>9</b> Prepaid expenses and deferred charges .....	506,603.	<b>9</b>	655,365.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 46,072,424.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,954,288.	22,374,129.	<b>10c</b> 28,118,136.
	<b>11</b> Investments - publicly traded securities .....	11,386,290.	<b>11</b>	10,978,968.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	52,558,579.	<b>16</b>	58,995,627.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,764,134.	<b>17</b>	11,461,744.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	5,000,000.	<b>20</b>	4,600,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	17,022,661.	<b>23</b>	24,085,155.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	329,842.	<b>25</b>	219,667.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	32,116,637.	<b>26</b>	40,366,566.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	20,414,942.	<b>27</b>	18,602,061.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....	27,000.	<b>29</b>	27,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	20,441,942.	<b>33</b>	18,629,061.	
<b>34</b> Total liabilities and net assets/fund balances .....	52,558,579.	<b>34</b>	58,995,627.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,949,746.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,869,755.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-920,009.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	20,441,942.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,003,047.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	110,175.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	18,629,061.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	770,905.	810,060.	1,354,922.	895,495.	797,446.	4,628,828.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	770,905.	810,060.	1,354,922.	895,495.	797,446.	4,628,828.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						41,221.
<b>6 Public support.</b> Subtract line 5 from line 4.						4,587,607.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	770,905.	810,060.	1,354,922.	895,495.	797,446.	4,628,828.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	151,860.	167,175.	182,700.	234,616.	313,341.	1,049,692.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	48,821.	51,090.	68,710.	62,911.	28,905.	260,437.
<b>11 Total support.</b> Add lines 7 through 10						5,938,957.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	451,017,364.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	77.25 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	80.12 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2017

Name of the organization

BLIND INDUSTRIES & SERVICES OF MARYLAND

Employer identification number

52-0591664

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b>  BLIND INDUSTRIES & SERVICES OF MARYLAND	<b>Employer identification number</b>  52-0591664
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 531,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 64,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  BLIND INDUSTRIES & SERVICES OF MARYLAND	Employer identification number  52-0591664
---	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization  BLIND INDUSTRIES & SERVICES OF MARYLAND	Employer identification number  52-0591664
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>BLIND INDUSTRIES &amp; SERVICES OF MARYLAND</b>	Employer identification number <b>52-0591664</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	50,542.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	50,542.													
<b>d</b>	Other exempt purpose expenditures .....	11,819,213.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	11,869,755.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	743,488.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	185,872.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	662,548.	715,614.	755,755.	743,488.	2,877,405.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,316,108.
<b>c</b> Total lobbying expenditures	37,282.	85,334.	44,739.	50,542.	217,897.
<b>d</b> Grassroots nontaxable amount	165,637.	178,904.	188,939.	185,872.	719,352.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,079,028.
<b>f</b> Grassroots lobbying expenditures	37,282.	85,334.	44,739.	50,542.	217,897.

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

FORM 990, SCHEDULE C, PART II-A, LINE 1A

BLIND INDUSTRIES AND SERVICES OF MARYLAND WORKS TO EDUCATE OUR ELECTED

REPRESENTATIVES IN ANNAPOLIS, MARYLAND OF OUR (1) PROCUREMENT PREFERENCE

THAT WE ARE GRANTED THROUGH STATE LEGISLATION AND (2) THE INVALUABLE

REHABILITATION AND TRAINING SERVICES THAT WE PROVIDE FOR BLIND AND LOW

VISIONS CITIZENS. WE ACCOMPLISH THIS THROUGH CONDUCTING MEETINGS (IN



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: BLIND INDUSTRIES & SERVICES OF MARYLAND
Employer identification number: 52-0591664

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		3,354,978.		3,354,978.
<b>b</b> Buildings .....		23,872,099.	8,650,495.	15,221,604.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		18,235,015.	8,699,537.	9,535,478.
<b>e</b> Other .....		610,332.	604,256.	6,076.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				28,118,136.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP	219,667.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	219,667.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	85,560,689.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,003,047.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	75,613,990.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	74,610,943.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,949,746.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,949,746.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	87,373,570.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	75,525,645.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	75,525,645.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,847,925.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	21,830.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	21,830.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,869,755.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BISM HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS POLICY, BISM MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION.

MANAGEMENT HAS EVALUATED BISM'S TAX POSITIONS AND HAS CONCLUDED THAT BISM HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS. BISM IS NO LONGER SUBJECT TO U.S.

**Part XIII** Supplemental Information (continued)

FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR

YEARS ENDING BEFORE JUNE 30, 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS 75,525,645.

INTEREST RATE SWAP 110,175.

EXPENSES NETTED WITH REVENUE ON THE FINANCIAL STATEMENTS -21,830.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 75,613,990.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS 75,525,645.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED WITH REVENUE ON THE FINANCIAL STATEMENTS 21,830.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	BIG BASH (event type)	2 (total number)	
Revenue	<b>1</b> Gross receipts .....	104,180.	10,553.	6,752.	121,485.
	<b>2</b> Less: Contributions .....	81,080.	9,000.	2,500.	92,580.
	<b>3</b> Gross income (line 1 minus line 2) .....	23,100.	1,553.	4,252.	28,905.
Direct Expenses	<b>4</b> Cash prizes .....	1,050.			1,050.
	<b>5</b> Noncash prizes .....	4,540.			4,540.
	<b>6</b> Rent/facility costs .....	1,000.			1,000.
	<b>7</b> Food and beverages .....	36,990.	982.	3,098.	41,070.
	<b>8</b> Entertainment .....	34,277.			34,277.
	<b>9</b> Other direct expenses .....	1,882.			1,882.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				83,819.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-54,914.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2017**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

BLIND INDUSTRIES & SERVICES OF MARYLAND

Employer identification number

52-0591664

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FREDERICK PUENTE CEO	(i)	515,350.	0.	1,380.	0.	20,304.	537,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HOLLY BETH STANLEY CHIEF ACCOUNTING OFFICER	(i)	135,686.	0.	750.	0.	15,783.	152,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL GARNTO COO	(i)	172,429.	0.	1,455.	0.	1,963.	175,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KENNETH BARNETT VP SALES & MARKETING	(i)	272,199.	0.	1,398.	0.	2,094.	275,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GREGG KALIFUT DIRECTOR OF SALES/MARKETING	(i)	194,513.	0.	1,437.	0.	2,048.	197,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GUIDO DEROSI SR. DIRECTOR	(i)	163,331.	0.	1,320.	0.	21,160.	185,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TOM KOHN SENIOR DIRECTOR AND COUNSEL	(i)	175,275.	0.	837.	0.	485.	176,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHARLES COLLIER, JR. SALES	(i)	175,003.	0.	1,458.	0.	15,069.	191,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

SEVERAL EMPLOYEES LISTED IN PART VII RECEIVE A COMMISSION BASED ON A % OF

EXEMPT FUNCTION SALES.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **BLIND INDUSTRIES & SERVICES OF MARYLAND** Employer identification number **52-0591664**

Part I	Bond Issues											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MARYLAND ECONOMIC DEVELOPMENT CORPORATION	52-1376562	57420NAQ4	10/01/04	10,000,000.	ACQUISITION AND RENOVATION OF FACILITIES		X	X			X
B												
C												
D												

Part II	Proceeds							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		5,400,000.					
2	Amount of bonds legally defeased							
3	Total proceeds of issue		10,000,000.					
4	Gross proceeds in reserve funds							
5	Capitalized interest from proceeds							
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds		260,340.					
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds		9,739,660.					
11	Other spent proceeds							
12	Other unspent proceeds							
13	Year of substantial completion		2005					
14	Were the bonds issued as part of a current refunding issue?		X					
15	Were the bonds issued as part of an advance refunding issue?		X					
16	Has the final allocation of proceeds been made?		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X					

Part III	Private Business Use							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X					
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X					

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
<b>b</b> Name of provider .....	BANK OF AMERICA							
<b>c</b> Term of hedge .....	23.5000000							
<b>d</b> Was the hedge superintegrated? .....		X						
<b>e</b> Was the hedge terminated? .....		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

FORM 990, SCHEDULE K, PART IV, LINE 2C

BOND COUNCIL DETERMINED IN 2011 THAT NO FURTHER REBATE CALCULATIONS WERE NECESSARY.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

BLIND INDUSTRIES & SERVICES OF MARYLAND

Employer identification number

52-0591664

FORM 990, PART I, LINE 1

REHABILITATION, TRAINING, AND EMPLOYMENT OF BLIND AND LOW VISION

INDIVIDUALS. WE POSITIVELY CHANGE PEOPLE'S ATTITUDES TOWARD BLINDNESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR MIDDLE SCHOOL AGED CHILDREN. THESE PROGRAM PARTICIPANTS ATTEND

DAILY CLASSES REGARDING BLINDNESS, ASSISTIVE TECHNOLOGY, BRAILLE, CANE

TRAVEL, AND INDEPENDENT LIVING. ALL OF THIS OCCURS WHILE LIVING IN AN

APARTMENT WITH BLIND ADULT ROLE-MODELS. THE FINAL COMPONENT OF THIS

PROGRAM IS A WORK EXPERIENCE FOR THE OLDER STUDENTS.

BISM ALSO HAS A MENTORING PROGRAM WHICH PLACES BLIND HIGH SCHOOL AND

COLLEGE AGE STUDENTS WITH SUCCESSFUL BLIND ADULT MENTORS.

CORE PROGRAM

BISM'S COMPREHENSIVE ORIENTATION, REHABILITATION, AND EMPOWERMENT

(CORE) PROGRAM TEACHES BLIND AND VISUALLY IMPAIRED ADULTS THE SKILLS OF

BLINDNESS SO THEY CAN BECOME EMPLOYED, PURSUE POST-SECONDARY EDUCATION,

AND REGAIN CONTROL OF THEIR LIVES. CONFIDENCE BUILDING IS AN ESSENTIAL

ELEMENT OF THE PROGRAM AND IS REINFORCED WITH EACH ACCOMPLISHMENT. CORE

STUDENTS ARE TAUGHT BY BLIND INSTRUCTORS AND LEARN NON-VISUAL METHODS

IN A CLASSROOM SETTING. THE CURRICULUM INCLUDES BRAILLE, LONG WHITE

CANE TRAVEL, INDEPENDENT LIVING, AND ASSISTIVE COMPUTER TECHNOLOGY,

ADJUSTMENT TO BLINDNESS SEMINARS, PHYSICAL FITNESS, WOODSHOP, AND

OFF-SITE TRAINING. THE CORE PROGRAM GENERALLY REQUIRES SEVEN TO TEN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization BLIND INDUSTRIES & SERVICES OF MARYLAND	Employer identification number 52-0591664
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MONTHS TO COMPLETE.

CORE IS A RESIDENTIAL PROGRAM AND WE CONSIDER RESIDENTIAL LIVING THE ESSENTIAL COMPONENT DESIGNED TO INTEGRATE SKILLS DEVELOPED THROUGHOUT TRAINING. STUDENTS LIVE IN APARTMENTS IN AN URBAN SETTING AND ARE RESPONSIBLE FOR SHOPPING, MEAL PREPARATION, CLEANING, AND MONEY MANAGEMENT. STUDENTS ALSO ORGANIZE AND PARTICIPATE IN COMMUNITY OUTREACH, BISM FUNDRAISERS, AND GROUP ACTIVITIES. THROUGH UTILIZATION OF CLASSROOM TAUGHT BLINDNESS SKILLS OUTSIDE OF THE REHABILITATION BUBBLE, OUR STUDENTS LEARN NOT ONLY INDEPENDENCE SKILLS BUT WHAT IT TAKES TO BECOME SUCCESSFUL PROFESSIONALLY AND PERSONALLY.

SENIOR PROGRAM

BISM'S SENIOR SERVICES OFFERS LIFE SKILLS TRAINING, SUPPORT GROUPS, RESOURCE MATERIALS, HOME INSTRUCTION, ADAPTED DEVICE DEMONSTRATIONS AND COMMUNITY OUTINGS FOR BLIND AND LOW VISION SENIORS. THE GOAL OF ALL BISM SENIOR SERVICES PROGRAMS IS TO EMPOWER BLIND AND LOW VISION SENIOR CITIZENS WITH THE SKILLS AND CONFIDENCE NECESSARY TO LIVE AN INDEPENDENT, FULFILLING LIFE.

THE SENIORS ACHIEVING INDEPENDENT LIVING (SAIL) PROGRAM'S CURRICULUM INCLUDES CLASSES IN BRAILLE, CANE TRAVEL, INDEPENDENT HOME LIVING, ASSISTIVE COMPUTER TECHNOLOGY, ADJUSTMENT TO BLINDNESS SEMINARS, GARDENING AND LEISURE ACTIVITIES. WITH THE SKILLS ACQUIRED AT BISM, SENIOR PARTICIPANTS BECOME BETTER EQUIPPED TO MANAGE THEIR DAILY NEEDS, REMAIN IN THEIR OWN HOMES, RESUME SOCIAL ACTIVITIES, INCREASE THEIR QUALITY OF LIFE AND AVOID UNNECESSARY PLACEMENT IN COSTLY ASSISTED LIVING FACILITIES.

Name of the organization BLIND INDUSTRIES & SERVICES OF MARYLAND	Employer identification number 52-0591664
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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE PRESIDENT, SENIOR DIRECTOR, CHIEF ACCOUNTING OFFICER AND THE CONTROLLER BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. IT IS ALSO REVIEWED BY THE TREASURER OF THE BOARD OF TRUSTEES AND MADE AVAILABLE TO THE REST OF THE BOARD OF TRUSTEES TO COMMENT UPON, IF THEY CHOSE TO DO SO, BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. IT IS ALSO DISCUSSED AT THE NEXT MEETING OF THE BOARD OF TRUSTEES, WHERE ANY CONCERNS/ QUESTIONS ARE ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 12C:

WE REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY BY REQUIRING THE FOLLOWING:

EACH NEW PERSON SERVING AS AN OFFICER, ASSOCIATE OR MEMBER OF THE BOARD OF TRUSTEES SHALL BE REQUIRED TO REVIEW A COPY OF OUR POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO.

EACH PERSON SERVING AS AN OFFICER, ASSOCIATE OR MEMBER OF THE BOARD OF TRUSTEES (RESPONSIBLE PERSON) SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH HE OR SHE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO BISM.

ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE PRESIDENT, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF OUR

Name of the organization BLIND INDUSTRIES & SERVICES OF MARYLAND	Employer identification number 52-0591664
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POLICY.

OUR POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF TRUSTEES. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SENIOR DIRECTOR PROVIDES THE BOARD OF TRUSTEES WITH A COMPILATION OF SALARIES FOR THE POSITION OF PRESIDENT IN AGENCIES FOR THE BLIND THAT ARE COMPARABLE TO OUR AGENCY AS WELL AS A SALARY SURVEY OF NOT-FOR-PROFIT ORGANIZATIONS. THE BOARD OF TRUSTEES REVIEWS INFORMATION REGARDING COMPENSATION LEVELS FOR THE PRESIDENT'S PEERS, THEY TARGET A RANGE OF COMPENSATION THAT IS APPLIED TO THE PRESIDENT BASED ON THE SCOPE OF HIS JOB, EXPERIENCE AND CAPABILITIES AND THEN LOOK AT HIS INDIVIDUAL PERFORMANCE FOR A GIVEN YEAR. ALL THESE ELEMENTS FACTOR INTO COMPENSATION FOR THAT YEAR. IN ADDITION, IN 2016 BISM HIRED AN INDEPENDENT CONSULTANT TO EVALUATE THE COMPENSATION PACKAGE OF THE PRESIDENT AND OTHER KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

OUR GOVERNING DOCUMENTS ARE AVAILABLE AT THE STATE OF MARYLAND DEPARTMENT OF ASSESSMENTS AND TAXATION WEBSITE. GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS AT OUR HEADQUARTERS OR CAN BE MAILED UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON INTEREST RATE SWAP 110,175.

Name of the organization BLIND INDUSTRIES & SERVICES OF MARYLAND	Employer identification number 52-0591664
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FORM 990, HEADING G, GROSS RECEIPTS:

IN FISCAL YEAR ENDING JUNE 30, 2018, BLIND INDUSTRIES AND SERVICES OF MARYLAND CHANGED ITS INVESTMENT PHILOSOPHY AND CONVERTED MOST OF ITS EQUITY BASED FUNDS INTO SHORT TERM INVESTMENTS INCLUDING SHORT TERM CERTIFICATES OF DEPOSIT AND TREASURY NOTES. THE RESULTING TAX YEAR 2017 FORM 990 EVIDENCES THIS INVESTMENT PHILOSOPHY BY RECORDING NUMEROUS ADDITIONAL TRADES AS GROSS RECEIPTS RESULTING FROM EACH SUCH TRADE. ACCORDINGLY, APPROXIMATELY \$33.2 MILLION OF GROSS RECEIPTS SHOWN IN FORM 990, LINE G, REFLECTS THESE TRADES AND DOES NOT EVIDENCE OPERATING INCOME OF THE ORGANIZATION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **BLIND INDUSTRIES & SERVICES OF MARYLAND** Employer identification number **52-0591664**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MARYLAND MANUFACTURING SERVICES, INC. - 30-0002955, 2240 NORTHWOOD DRIVE, SALISBURY, MD 21801	EMPLOYMENT & TRAINING TO ECONOMICALLY DISADVANTAGED & UNDEREMPLOYED PERSONS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, RELATED ORGANIZATION

MARYLAND MANUFACTURING SERVICES, INC. IS AN INDEPENDENT 501(C)(3)

ORGANIZATION HAVING ITS OWN BOARD OF TRUSTEES AND ACTS INDEPENDENT OF

BLIND INDUSTRIES & SERVICES OF MARYLAND.